

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

**Enrollment Bureau,
PO Box 295,
Trenton, NJ 08625-0295**

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM
POLICE AND FIREMEN'S RETIREMENT SYSTEM**

CHAPTER 326, P. L. 2005

R E S O L U T I O N

A RESOLUTION to adopt the provisions of Chapter 326, P. L. 2005.

BE IT RESOLVED:

1. That the _____ hereby authorizes

Name of Employer

 participation under the provisions of Chapter 326, P. L. 2005, and permits certain current Public Employees' Retirement System (PERS) members enrolled as firefighters to transfer membership from the PERS to the Police and Firemen's Retirement System (PFRS).
2. That by resolving to permit firefighters to transfer to the PFRS, we understand that such eligibility shall be limited to firefighters employed prior to January 12, 2006, of any age, who were originally hired as volunteers before being appointed to paid positions, and who were not eligible for PFRS membership at the time of appointment to the paid position; meet the PFRS definition of a "fireman"; and are currently enrolled in the PERS.
3. That we will provide the Division of Pensions and Benefits with any and all information needed to identify eligible firefighters and to facilitate their transfer to the PFRS — including, but not limited to this resolution, rosters of eligible employees, transfer election forms from employees, enrollment and transfer applications, and medical evaluation forms from examining physicians.
4. That neither this employer, nor the State of New Jersey will be responsible for any past accrued liability and that any cost to convert past PERS service to full PFRS service for benefit calculation purposes will be paid entirely by the transferring member.
5. That while this resolution is effective immediately, the effective date of any transfers will be August 1, 2006 as established by Chapter 326, P. L. 2005.
6. We hereby appoint and authorize _____ to approve all

Title or Individual Name

 documents required to carry out the intent of this Resolution and to execute the said documents on behalf of the employer.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

Corporate Name of Employer

Street Address

on the _____ day of _____, 20____

City State ZIP Code

Signature

Area Code

Telephone Number

Official Title